

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 101669819 | FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		/			
2	/		/			
3			/			
4						
5						
6						
7	2					
8						
9	2					
10						
11	2					
12						
13	2					
14						
15	2					
16	1					
17						
18						
19						
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	21	→	6	→		
TOTAL CLAIMS	72	[REDACTED]	7	[REDACTED]		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
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58						
59						
60						
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62						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		→		→		
TOTAL CLAIMS		[REDACTED]		[REDACTED]		

15